

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	NOVEL CYCLODEXTRIN DERIVATIVES, METHOD FOR THE PREPARATION THEREOF AND USE THEREOF FOR THE SOLUBILIZATION OF PHARMACOLOGICALLY ACTIVE SUBSTANCES
Attorney Docket Number::	0508-1141
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JACQUES
Middle Name::
Family Name:: DEFAYE
Name Suffix::
City of Residence:: SAINT-ISMIER
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 202, CHEMIN DU VERCORS
Address::
City of Mailing Address:: SAINT-ISMIER
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-38330

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SPAIN
Status:: Full Capacity
Given Name:: CARMEN
Middle Name::
Family Name:: ORTIZ-MELLET
Name Suffix::
City of Residence:: SEVILLE
State or Province of
Residence::
Country of Residence:: SPAIN
Street of Mailing MONTE CARMELO 71, 3D
Address::

City of Mailing Address:: SEVILLE
State or Province of Mailing Address::
Country of Mailing Address:: SPAIN
Postal or Zip Code of Mailing Address:: E-41011

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SPAIN
Status:: Full Capacity
Given Name:: JOSE
Middle Name:: MANUEL
Family Name:: GARCIA-FERNANDEZ
Name Suffix::
City of Residence:: SEVILLE
State or Province of
Residence::
Country of Residence:: SPAIN
Street of Mailing MONTE CARMELO 71, 3D
Address::
City of Mailing Address:: SEVILLE
State or Province of Mailing Address::
Country of Mailing Address:: SPAIN
Postal or Zip Code of Mailing Address:: E-41011

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SPAIN
Status:: Full Capacity
Given Name:: MARIA
Middle Name::
Family Name:: GOMEZ-GARCIA
Name Suffix::
City of Residence:: SEVILLE
State or Province of
Residence::
Country of Residence:: SPAIN

Street of Mailing Address:: AVENIDA SANCHEZ PIZJUAN 27, 6A
City of Mailing Address:: SEVILLE
State or Province of Mailing Address::
Country of Mailing Address:: SPAIN
Postal or Zip Code of Mailing Address:: E-41009

Applicant Authority Type:: Inventor
Primary Citizenship Country:: POLAND
Status:: Full Capacity
Given Name:: KAZIMIERZ
Middle Name::
Family Name:: CHMURSKI
Name Suffix::
City of Residence:: VARSOVIE
State or Province of Residence::
Country of Residence:: POLAND
Street of Mailing Address:: U1. SCHROEGERA 23
City of Mailing Address:: VARSOVIE
State or Province of Mailing Address::
Country of Mailing Address:: POLAND
Postal or Zip Code of Mailing Address:: P-01-822

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CHINA
Status:: Full Capacity
Given Name:: JIAN-XIN
Middle Name::
Family Name:: YU
Name Suffix::
City of Residence:: DALLAS
State or Province of Residence:: TEXAS

Residence::

Country of Residence:: UNITED STATES OF AMERICA

Street of Mailing 3525 NORMANDY AVENUE

Address:: APT 11

City of Mailing Address:: DALLAS

State or Province of Mailing Address:: TEXAS

Country of Mailing Address:: UNITED STATES OF AMERICA

Postal or Zip Code of Mailing Address:: 75205-2292

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/000691	3/22/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03/03899	3/28/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::